

**2011-2012**

# GIC Benefit **Decision Guide**

FOR COMMONWEALTH OF MASSACHUSETTS

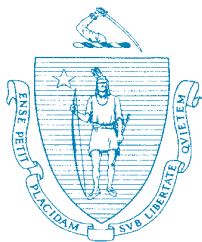
Benefit changes  
for July 1, 2011  
*EVALUATE YOUR  
OPTIONS CAREFULLY!*

## **MUNICIPAL Employees, Retirees & Survivors**



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*



OFFICE OF THE GOVERNOR  
**COMMONWEALTH OF MASSACHUSETTS**  
STATE HOUSE • BOSTON, MA 02133  
(617) 725-4000

**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR



Spring, 2011

Dear Colleagues:

With the loss of federal stimulus funds and tax revenues still below pre-recession levels, we face our toughest budget year yet in fiscal 2012. We have to reduce overall spending by the largest amount in 20 years. In addition to cuts to spending levels across the state budget, this means that we must take aggressive steps to control growth in health care costs, which constitute 40% of our total budget.

Enrollees in the GIC have had to make some significant sacrifices to help us manage through the recession, including increased copays and deductibles. Because of these sacrifices, it was important to me that we find creative solutions to allow the GIC to live within a level budget next year without shifting more costs to enrollees. The GIC has developed a creative solution, requiring all state employees to re-enroll in health insurance and giving them an incentive to consider one of the limited network plans that will save them and the Commonwealth money without compromising the quality of care.

Although the health insurance re-enrollment does not affect you, we encourage you to take this annual enrollment opportunity to weigh your options and determine what you and your family need for health care. You may wish to consider one of the GIC's limited network plans that offer quality coverage at an attractive price. The **2011-2012 Benefit Decision Guide** gives you an overview of your options. You can also log onto the GIC website [www.mass.gov/gic](http://www.mass.gov/gic) to find out more.

Take the time to research your options and become an informed and active health care consumer. And thank you for working with us to build a better, stronger Commonwealth.

Sincerely,

A handwritten signature in blue ink, appearing to read "Deval Patrick", written over a horizontal line.

# How to Use This Guide

## All members should read:

New Hire and Annual Enrollment Overview .....	2
Family and Employment Changes .....	3
Annual Enrollment News .....	4
Choose the Best Health Plan for You and Your Family .....	6
Employee/Non-Medicare Limited Network Plans—Great Value; Quality Coverage .....	7
Calendar Year Deductible Questions and Answers .....	8
Medicare and Your GIC Benefits .....	9
Monthly Group Insurance Commission (GIC) Full Cost Rates Effective July 1, 2011 .....	11

## Find out about your Employee/Non-Medicare health plan options:

Prescription Drug Benefits .....	12
Employee and Non-Medicare Retiree/Survivor Health Plans .....	13

## Find out about your Medicare health plan options:

Prescription Drug Benefits .....	12
Medicare Health Plans .....	24

## Resources for additional information:

Inscripción Anual .....	30
年度登記 .....	30
Website .....	30
Ghi Danh Hàng Năm .....	30
Health Fair Schedule .....	31
GIC Plan Contact Information .....	32
Glossary .....	33



## IMPORTANT REMINDERS

- This ***Benefit Decision Guide*** contains important benefit changes effective July 1, 2011. Review page 5 for details.
- Read the ***Choose the Best Health Plan for You and Your Family*** section on page 6 for information to consider when selecting a health plan.
- Read the ***Employee/Non-Medicare Limited Network Plans—Great Value; Quality Coverage*** section on page 7 to find out more about the limited network plans for Employees and Non-Medicare Retirees/Survivors.
- Your annual enrollment forms are due to the GIC Coordinator in your benefits office (active employees) or the GIC (retirees and survivors) **no later than Monday, May 9, 2011**. Forms and applications are available at the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)). Changes go into effect July 1, 2011.



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

The *Benefit Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.

# New Hire and Annual Enrollment Overview

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire.



If you are a current municipal enrollee and want to keep the same GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES	EMPLOYEES and NON-MEDICARE RETIREES/SURVIVORS	MEDICARE RETIREES/SURVIVORS
<p><b>Within 10 Calendar Days of Hire</b> GIC benefits begin on the first day of the month following 60 days or two full calendar months, whichever comes first</p>	<p><b>During Annual Enrollment</b> <b>April 8-May 9, 2011</b> for changes effective July 1, 2011</p>	
<p><b>You may enroll in one of these health plans:</b></p>	<p><b>You may enroll in or change your selection of one of these health plans:</b></p>	<p><b>You may change your selection of one of these health plans:</b></p>
<ul style="list-style-type: none"> <li>■ Fallon Community Health Plan Direct Care \$</li> <li>■ Fallon Community Health Plan Select Care</li> <li>■ Harvard Pilgrim Independence Plan</li> <li>■ Harvard Pilgrim Primary Choice Plan \$</li> <li>■ Health New England \$</li> <li>■ NHP Care (Neighborhood Health Plan) \$</li> <li>■ Tufts Health Plan Navigator</li> <li>■ Tufts Health Plan Spirit \$</li> <li>■ UniCare State Indemnity Plan/Basic</li> <li>■ UniCare State Indemnity Plan/Community Choice \$</li> <li>■ UniCare State Indemnity Plan/PLUS</li> </ul>		
<p><b>You may apply for. . .</b></p>	<p><b>You may enroll in. . .</b></p>	
<ul style="list-style-type: none"> <li>■ Dependent Age 19 to 26 coverage for your child</li> </ul>	<ul style="list-style-type: none"> <li>■ Dependent Age 19 to 26 coverage for your child, stepchild, adopted child or foster child</li> </ul>	
<p><b>By submitting within 10 days of employment...</b></p>	<p><b>By submitting by May 9...</b></p>	
<ul style="list-style-type: none"> <li>■ GIC enrollment forms; and</li> <li>■ Required documentation for family coverage (if applicable) as outlined in the <i>Forms</i> section of our website to the GIC Coordinator in your benefits office</li> </ul>	<p><b>Active Employees:</b> GIC enrollment forms to the GIC Coordinator in your benefits office</p> <p><b>Current Municipal Retirees/Survivors:</b> Dependent Age 19 to 26 Enrollment Application and/or written request to the GIC asking for the change</p>	
	<p><b>Municipal Retirees/Survivors:</b> Dependent Age 19 to 26 Enrollment Application and/or written request to the GIC asking for the change</p>	

**NOTE:** Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your municipality's GIC Coordinator for details.

**Enrollment and application forms are available on our website: [www.mass.gov/gic](http://www.mass.gov/gic) and through the GIC Coordinator in your benefits office.**



Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the health plan, unless you move out of the plan's service area or are retired and become eligible for Medicare (in which case, you **must** switch plans).

\$ Indicates this is a GIC Limited Network Plan.

## Frequently Asked Questions

**Q** *I understand that state employees must re-enroll in health insurance this year. Are municipal enrollees required to re-enroll in health insurance?*

**A** No. The re-enrollment only applies to active state employees. If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

**Q** *As a new employee, when do my GIC benefits begin?*

**A** GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

**Q** *I am an active GIC-eligible employee and am retired from a participating municipality or state agency and am eligible for GIC retirement benefits. Can I choose both employee and retiree benefits?*

**A** You must choose active employee **or** retiree benefits; you may not have benefits under both statuses. Contact the GIC to indicate whether you want employee or retiree benefits.

**Q** *I'm turning age 65; what do I need to do?*

**A** If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If you are eligible and are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC.

If you are eligible and continue working for a GIC participating municipality after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Most enrollees should not sign up for Medicare Part D.

**Q** *I am an ACTIVE municipal employee age 65 or over; which health plan card should I present to a doctor's office or hospital?*

**A** When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

**Q** *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

**A** Your spouse must call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See page 9 for health plan combination options.

**Q** *If I die, is my surviving spouse eligible for GIC health insurance?*

**A** If you (the insured) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage **until he/she remarries**.

See the GIC's website for answers to other frequently asked questions:  
[www.mass.gov/gic](http://www.mass.gov/gic)



**You MUST Notify Your Benefits Office (active employees) or the GIC (retirees and survivors) When Your Personal or Family Information Changes**

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for services provided to you or a family member. If any of the following occur, active employees must notify the GIC Coordinator in their benefits office; if you are a retiree or survivor, write to the GIC:

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- Dependent turning age 19
- Dependent age 19 or over who ceases to be a full-time student, graduates, withdraws from school, is on a medical leave of absence from school or the medical leave of absence ends
- Death of an insured
- Death of a covered spouse or dependent
- Birth or adoption of a child
- Legal guardianship of a child
- You have GIC COBRA coverage and become eligible for other health coverage

*You may be held personally and financially responsible for failure to notify the GIC of personal or family status changes.*

## The GIC's Challenges

- Health care costs continue to skyrocket—driven by rising hospital, physician and other provider costs, increased utilization of services, and increased GIC membership.
- National health care reform adds benefits and costs effective July 1, 2011, for GIC members: dependent benefit expansion to age 26, regardless of dependent's status, and eliminated copays and deductibles for preventive services.
- The state's budget outlook continues to be challenging: \$1.2 – \$2 billion structural deficit projected for FY12 due to loss of \$2 billion in one-time funds, including federal stimulus money, coupled with escalating health care costs.

## GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

The GIC has kept premium increases as low as possible and has been on the forefront of raising awareness about differences in provider quality and costs. In keeping with encouraging use of quality and less expensive networks, the GIC expanded its limited network plan options, adding two more Employee/Non-Medicare plan choices for FY11.

With the GIC's Clinical Performance Improvement (CPI) Initiative for **Employee and Non-Medicare Plans**, which began in 2004, members pay lower copays for providers with the highest quality and/or cost-efficiency scores:

- ★★★ Tier 1 (*excellent*)
- ★★ Tier 2 (*good*)
- ★ Tier 3 (*standard*)



Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

### How are physician tiers determined?

Based on an analysis of tens of millions of physician claims and using sophisticated software programs, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost efficiency.

The GIC considered and rejected a number of options to reduce its projected FY12 budget shortfall:

- **Increase premium contribution ratios for all state enrollees.** This requires legislative action and would not occur in time to satisfy the projected shortfall.
- **Limit plan offerings.** This would cause major disruption to members and providers, and would be strongly opposed by members.
- **Increase copays and deductibles.** Not only are deductibles unpopular, they also hurt sicker patients.

The option the GIC considered and accepted is very innovative:

- **Require all active state employees to re-enroll in health insurance, coupled with an incentive to choose one of the GIC's less expensive, limited network plans.** This option:
  - Counteracts inertia—most employees do not change plans at annual enrollment
  - Focuses attention on costs and savings
  - Rewards state employees who become part of the solution
  - Puts market pressure on high-cost providers

Achieved savings for this option will depend on migration patterns.



## Health Insurance Re-enrollment Does Not Apply to Municipal Enrollees

The re-enrollment does not apply to municipal members. However, because of the re-enrollment of active state employees, **getting through to the GIC may be more difficult than usual and large crowds are expected at the health fairs.** This year's health fairs will be informational only—there will be no refreshments or wellness exhibits. If you are thinking of changing health plans, the health fairs will continue to offer a great opportunity to speak with plan representatives and GIC staff in person.



## Health Plan Benefit Enhancements

- **All GIC Employee and Non-Medicare Health Plans Effective July 1, 2011 – Preventive services**, such as mammograms, scheduled immunizations, routine physical and OB/GYN visits, colorectal cancer screenings, and cholesterol screenings for adults, *will not have a copay nor be subject to the calendar year deductible*.
- **Open Enrollment for Dependents Ages 19 to 26** – Children, stepchildren, adopted and foster children whose coverage ended, or who were not eligible for coverage because dependent coverage of children ended before age 26, are eligible to enroll in GIC health insurance. **Dependents ages 19 to 26 must live in the health plan's service area, unless they are full-time students.** You may enroll your dependent between April 8 and May 9 for coverage effective July 1, 2011. For additional information and the form, see the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)).
- **All GIC Medicare Health Plans** – Effective January 1, 2011, *preventive services* covered by Medicare, such as mammograms, annual physical exams, colorectal cancer screenings, and scheduled immunizations, *are covered at 100%—no copay*.

## Other Employee and Non-Medicare Health Plan Benefit Changes Effective July 1, 2011

Prescription Drug benefits for Tufts Health Plan Navigator and Tufts Health Plan Spirit:

- Ability to fill 90-day maintenance medications at selected pharmacies as an alternative to filling those prescriptions through mail order.
- Implementation of maintenance drug pharmacy selection—if you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must tell your prescription drug plan whether or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.

Prescription Drug benefits for UniCare State Indemnity Plan/Basic, Community Choice, and PLUS:

- Nexium® and Aciphex® Proton Pump Inhibitors (PPIs) no longer covered; covered options include over-the-counter PPIs, generic PPIs, and a brand name PPI.

UniCare State Indemnity Plan/Community Choice:

- Members using non-Community Choice (out-of-network) hospitals will be subject to 20% coinsurance of allowable charges, plus the copay, for:
  - Inpatient hospital admissions
  - Outpatient surgery
- The high-tech imaging (e.g., MRI, PET and CT scans) copay at a non-Community Choice hospital will increase to \$200.

## Other Medicare Health Plan Benefit Changes Effective July 1, 2011

Prescription Drug benefits for UniCare State Indemnity Plan/Medicare Extension (OME) Plan:

- Nexium® and Aciphex® Proton Pump Inhibitors (PPIs) no longer covered; covered options include over-the-counter PPIs, generic PPIs, and a brand name PPI.

# Choose the Best Health Plan for You and Your Family



## STEP 1: Identify which plan(s) you are eligible to join:

- Where you live determines which plan(s) you may enroll in. See the map below for Employee/Non Medicare health plan locations and page 10 for Medicare plan locations.
- See each health plan page for eligibility details (see pages 13-29).



## STEP 2: For the plans you are eligible to join and are interested in. . .

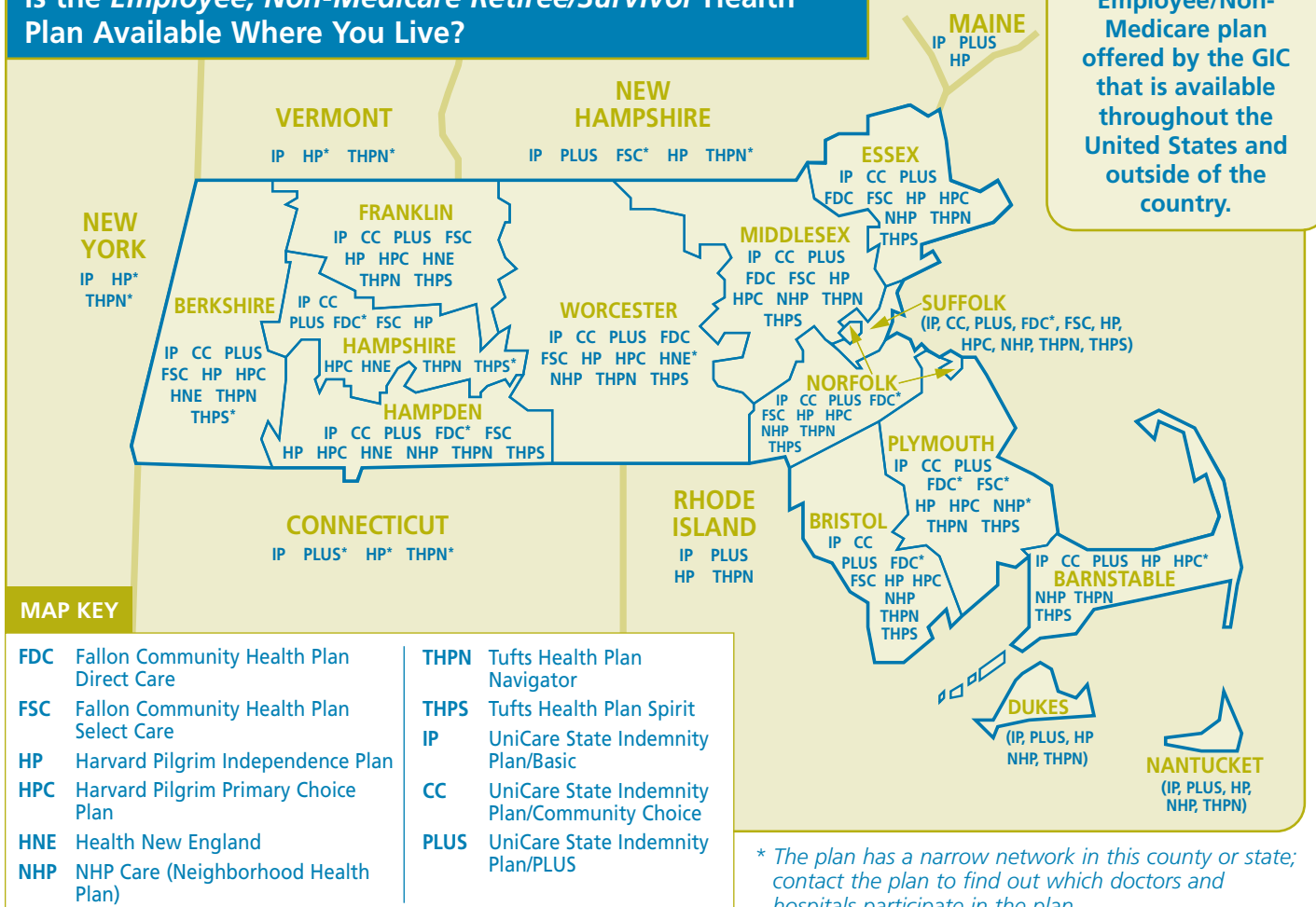
- Review their benefit summaries (see pages 13-29).
- Review their monthly rates (see separate rate chart).
- If you are an employee or Non-Medicare retiree/survivor, consider enrolling in a limited network plan (see page 7) —you will save money on your monthly premium.
- Weigh features that are important to you, such as out-of-network benefits, prescription drug coverage, mental health benefits, and the selection of a Primary Care Physician to coordinate your care.
- Contact the plan to find out about benefits that are not described in this guide.



**STEP 3: For the plans you are interested in, determine if your doctors and hospitals are in the plan's network and which copay tiers they are in.** (Copay tiers do not apply to GIC Medicare plans.) Copay tiers are important because they affect how much you pay when you receive physician and hospital services.

- Call the plan or go to the plan's website and search for your doctors and hospitals. Be sure to specify the health plan's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator."
- If your doctors and hospitals are in the network, find their copay tier assignments.
- **Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you must stay in the plan for the year. You can change to another plan during the next annual enrollment. In the meantime, the health plan will help you find another provider.**

## Where You Live Determines Which Plan You May Enroll In. Is the Employee, Non-Medicare Retiree/Survivor Health Plan Available Where You Live?







## Limited Network Plan

The GIC encourages Employees and Non-Medicare retirees and survivors to consider one of our limited network plans. Limited network plans help address differences in provider costs and encourage enrollees to save money by enrolling in a narrower network plan (number of doctors and/or hospitals). **Many employees and Non-Medicare retirees/survivors will save money every month by enrolling in one of these plans.** Your savings will depend on the plan you are switching from, the plan you select, your premium contribution, and whether you have individual or family coverage.

**See the separate municipal rate chart to calculate your savings.**

The GIC's limited network plans are:

- **Fallon Community Health Plan Direct Care** – an HMO based at physician practices throughout central Massachusetts, Metro West, Middlesex Valley, the North Shore and the South Shore. The plan includes 19 area hospitals and another five “Peace of Mind” hospitals in Boston that provide second opinions and care for very complex cases.
- **Harvard Pilgrim Primary Choice Plan** – an HMO with a network of 59 hospitals. The plan is available throughout Massachusetts, *except* for Martha’s Vineyard and Nantucket.
- **Health New England** – a western Massachusetts-based HMO that also covers parts of Worcester County and includes 16 Massachusetts hospitals.

- **NHP Care (Neighborhood Health Plan)** – an HMO with a provider network that includes community health centers, independent medical groups, and hospital group practices, as well as 64 hospitals. NHP Care is available in most counties *except* for Berkshire, Franklin, Hampshire, and parts of Plymouth county.
- **Tufts Health Plan Spirit** – an EPO (HMO-type) plan with a network of 49 hospitals. The plan is available throughout Massachusetts, *except* for Martha’s Vineyard and Nantucket.
- **UniCare State Indemnity Plan/Community Choice** – a PPO-type plan with a network of 45 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, *except* for Martha’s Vineyard and Nantucket.

### Four Good Ways to Get Plan Information

1. **Log on to the plan’s website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. Be sure to specify the health plan’s full name, such as “Tufts Health Plan *Spirit*” or “*Navigator*.” See page 32 for website addresses.
2. **Call the health plan’s customer service line:** A representative can help you. See page 32 for phone numbers.
3. **Attend a GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. See page 31 for the health fair schedule.
4. **Speak with your GIC Benefits Coordinator.**

## Calendar Year Deductible Questions and Answers

All GIC health plans (*Employee and Non-Medicare Retiree/Survivor plans only*) include a calendar year deductible. The deductible is \$250 per member to a maximum of \$750 per family. This is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

### Deductible Questions and Answers

#### Q *What is a deductible?*

**A** This is a fixed dollar amount you must pay each calendar year before your health plan begins paying benefits for you or your covered dependent(s).

#### Q *How much is the calendar year deductible?*

**A** The deductible is \$250 per member, up to a maximum of \$750 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a \$250 deductible before benefits begin.
- **Two person family:** Each person must satisfy a \$250 deductible.
- **Three or more person family:** The maximum each person must satisfy is \$250 until the family as a whole reaches the \$750 maximum.



#### Q *Am I subject to another deductible when the new fiscal year begins or if I change plans because I move out of the service area during the year?*

**A** Although GIC health benefits are effective each July, the deductible is a calendar year cost.

■ **You will not be subject to a new deductible if:**

You stay with the same health plan carrier but switch to one of its other options.

■ **You will be subject to a new deductible if:**

You change health plans and choose a new GIC health plan carrier.

#### Q *Which health care services are subject to the deductible?*

**A** The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of expenses generally **exempt** from the deductible:

- Prescription drug benefits
- Mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of expenses generally **subject to** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- Bone density screenings
- X-rays and radiology (including high-tech imaging, such as MRI, PET and CT scans)
- Durable medical equipment

#### Q *How will I know how much I need to pay out of pocket?*

**A** When you visit a doctor or hospital, the provider will ask you for your copay upfront. After you receive services, your health plan will provide you and your provider with an explanation of benefits so that you will be able to see which portion of the costs you will be responsible for. The provider will then bill you for any balance owed.

# Medicare and Your GIC Benefits

## Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



### ***When you (the insured) retire:***

- If you and/or your spouse is eligible for free Part A coverage, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B in order to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- You **MUST** continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC coverage.

## Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

### ***Health Plan Combination Choices***

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

# Medicare and Your GIC Benefits

## How to Calculate Your Rate



*See separate rate chart from your municipality.*

### Medicare Family

Find the premium for the Medicare plan in which you are enrolling and double it to calculate your total monthly rate.

### Retiree and Spouse Coverage if Under and Over Age 65

1. Find the premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is the total that you will pay monthly.

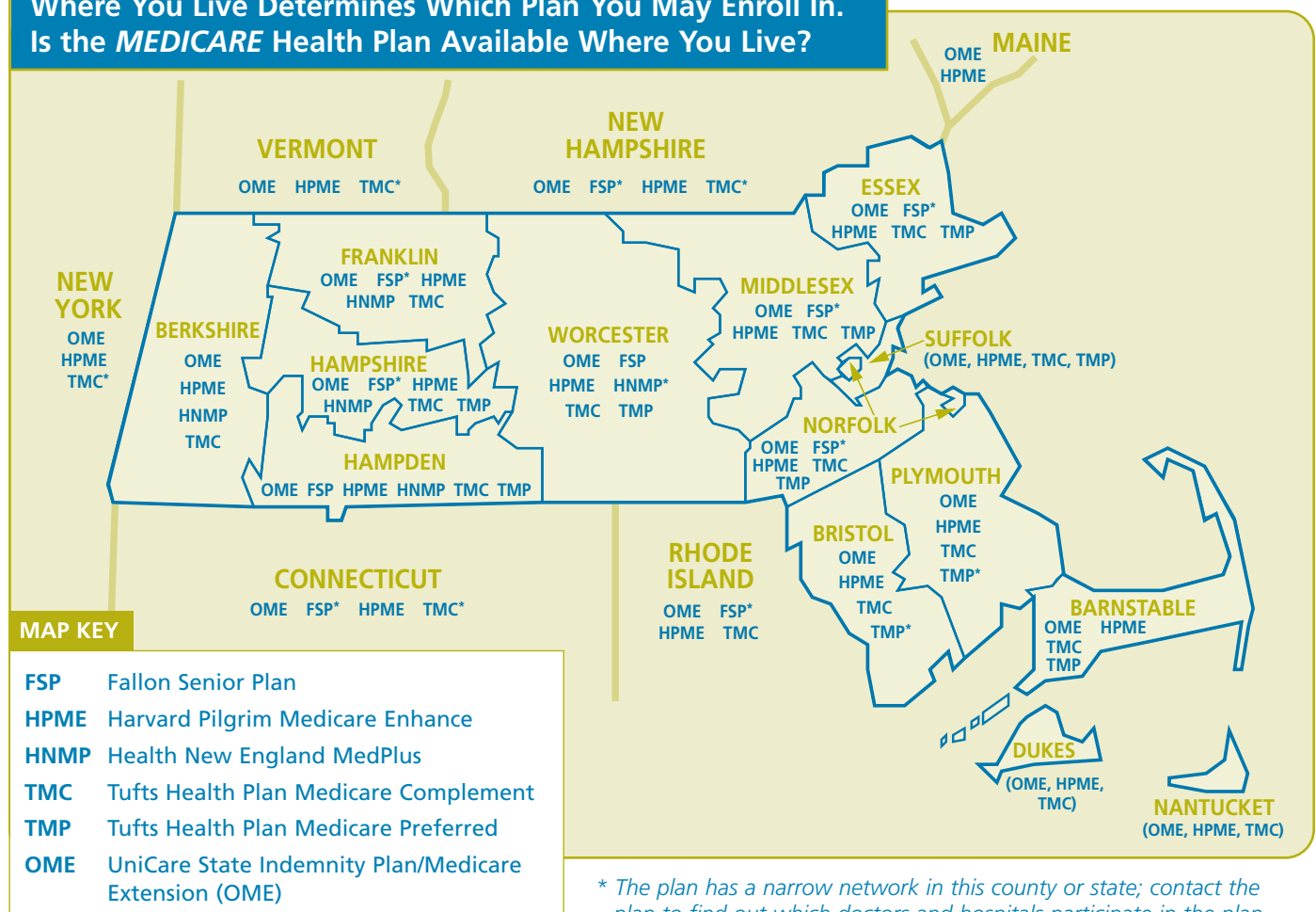
## Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the map below.*
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment. Your Medicare HMO will help you find another provider.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2012. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.



**The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States. The UniCare State Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.**

## Where You Live Determines Which Plan You May Enroll In. Is the **MEDICARE** Health Plan Available Where You Live?



# Monthly Group Insurance Commission (GIC) Full Cost Rates

Effective July 1, 2011

Full Cost Rates Including 0.5% Administrative Fee



For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality.

## Employee and Non-Medicare Retiree/Survivor Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	HMO	\$447.79	\$1,074.68
Fallon Community Health Plan Select Care	HMO	554.00	1,329.57
Harvard Pilgrim Independence Plan	PPO	652.86	1,592.99
Harvard Pilgrim Primary Choice Plan	HMO	522.29	1,274.39
Health New England	HMO	437.21	1,083.79
NHP Care (Neighborhood Health Plan)	HMO	448.00	1,187.19
Tufts Health Plan Navigator	PPO	590.34	1,439.59
Tufts Health Plan Spirit	HMO-type	472.28	1,151.67
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	866.87	2,023.82
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	826.87	1,931.04
UniCare State Indemnity Plan/Community Choice	PPO-type	442.32	1,061.55
UniCare State Indemnity Plan/PLUS	PPO-type	580.98	1,386.67

## Medicare Plans

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare (HMO)	\$264.54
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	383.60
Health New England MedPlus	Medicare (HMO)	359.59
Tufts Health Plan Medicare Complement	Medicare (HMO)	383.91
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	258.79
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	357.64
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	346.94

\* Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2012.



### Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a *better* value than the federal Medicare Part D drug plans being offered. Therefore, you should **not** enroll in a federal Medicare drug plan. (See the second bullet below for an important exception to this guideline.)

- A “Notice of Creditable Coverage” is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you **must** show your Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one instance where signing up for a Medicare Part D plan may work for you. Help is available online at [www.ssa.gov](http://www.ssa.gov) or by phone at **1.800.772.1213**.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan or Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which will result in the loss of your GIC coverage.

### Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications.

**Tier 1:** You pay the **lowest** copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses as brand name drugs.

**Tier 2:** You pay the **mid-level** copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

**Tier 3:** You pay the **highest** copayment. This tier is primarily made up of brand name drugs not included in Tiers 1 or 2. Generic or brand name drug alternatives for Tier 3 may be available in Tiers 1 or 2.

### Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans’ prescription drug program managed by CVS Caremark, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy** – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- **Mandatory Generics** – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, *plus* the generic copay.
- **Maintenance Drug Pharmacy Selection** – If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must tell your prescription drug plan whether or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.
- **Specialty Drug Pharmacies** – If you are prescribed specialty drugs—such as injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis—you’ll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor’s office.



### Tip for Reducing Your Prescription Drug Costs

**Use Mail Order:** Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay every three months. See pages 13-29 for copay details. Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.



## FALLON COMMUNITY HEALTH PLAN DIRECT CARE



### Limited Network Plan

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a selective network based in a geographically concentrated area. Contact the plan to see if your provider is in the network.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Fallon Community Health Plan Direct Care is available throughout the following Massachusetts counties:

Essex, Middlesex, Worcester

Fallon Community Health Plan Direct Care has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Bristol, Hampden, Hampshire, Norfolk, Plymouth, Suffolk

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Fallon Community Health Plan

1.866.344.4442

[www.fchp.org/gic](http://www.fchp.org/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

### Copays Effective July 1, 2011

#### Primary Care Physician Office Visit:

\$15 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Specialist Physician Office Visit:

\$25 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$15 per visit

#### Retail Clinic:

\$15 per visit

**Inpatient Hospital Care – Medical** (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year):  
\$200 per admission

**Outpatient Surgery** (maximum four copays annually per person):  
\$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day):  
\$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

## FALLON COMMUNITY HEALTH PLAN SELECT CARE

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire, Bristol, Essex, Franklin, Hampden,  
Hampshire, Middlesex, Norfolk, Suffolk, Worcester

Fallon Community Health Plan Select Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

Fallon Community Health Plan Select Care has a narrow network in the following state; contact the plan to find out which doctors and hospitals participate in the plan:

New Hampshire

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Fallon Community Health Plan**  
1.866.344.4442  
[www.fchp.org/gic](http://www.fchp.org/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

## Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Office Visit:** *Fallon Community Health Plan tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists.*

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

### Retail Clinic:

\$20 per visit

**Outpatient Mental Health and Substance Abuse Care:** \$20 per visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*):  
\$250 per admission

**Outpatient Surgery** (*maximum four copays annually per person*):  
\$125 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (*maximum one copay per day*):  
\$100 per scan

### Emergency Room:

\$100 per visit (*waived if admitted*)

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

# Employee and Non-Medicare Retiree/Survivor Health Plans

## HARVARD PILGRIM INDEPENDENCE PLAN

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:  
Maine, New Hampshire, Rhode Island

The Harvard Pilgrim Independence Plan has a narrow network in the following states; contact the plan to find out which doctors and hospitals participate in the plan:  
Connecticut, New York, Vermont

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Harvard Pilgrim Health Care

1.800.542.1499

[www.harvardpilgrim.org/gic](http://www.harvardpilgrim.org/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

## In-Network Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

★★★ Tier 1 (excellent): \$20 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

### Out-of-State Specialist Office Visit:

\$35 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$20 per individual visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*)  
Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:

Tier 1: \$250 per admission

Tier 2: \$500 per admission

Tier 3: \$750 per admission

**Outpatient Surgery** (*maximum four copays per person per calendar year*):  
\$150 per occurrence

**High-Tech Imaging** (*e.g., MRI, PET and CT scans*) (*maximum one copay per day*): \$100 per scan

### Emergency Room:

\$100 per visit (*waived if admitted*)

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## HARVARD PILGRIM PRIMARY CHOICE PLAN



**Limited  
Network Plan**

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is an HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The Harvard Pilgrim Primary Choice Plan is available throughout the following Massachusetts counties:

Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

The Harvard Pilgrim Primary Choice Plan has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Barnstable

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Harvard Pilgrim Health Care**  
1.800.542.1499  
[www.harvardpilgrim.org/gjc](http://www.harvardpilgrim.org/gjc)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

## Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

★★★ Tier 1 (excellent): \$20 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

### Out-of-State Specialist Office Visit:

\$35 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$20 per individual visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*)

Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:

Tier 1: \$250 per admission

Tier 2: \$500 per admission

**Outpatient Surgery** (*maximum four copays per person per calendar year*):

\$150 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (*maximum one copay per day*): \$100 per scan

### Emergency Room:

\$100 per visit (*waived if admitted*)

### Prescription Drug

**Retail up to  
30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to  
90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# Employee and Non-Medicare Retiree/Survivor Health Plans

## HEALTH NEW ENGLAND



### Limited Network Plan

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Worcester

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Health New England

1.800.842.4464

www.hne.com

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

### Copays Effective July 1, 2011

#### Pediatric Physician Office Visit:

\$0 per wellness office visit; \$20 per diagnostic visit

#### Primary Care Physician Office Visit:

\$20 per visit

#### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Health New England tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

★ ★ ★ Tier 1 (excellent): \$25 per visit

★ ★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

#### Retail Clinic:

\$20 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$20 per visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*): \$250 per admission

**Outpatient Surgery** (*maximum four copays annually per person*): \$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (*maximum one copay per day*): \$100 per scan

#### Emergency Room:

\$100 per visit (*waived if admitted*)

#### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# Employee and Non-Medicare Retiree/Survivor Health Plans

## NHP CARE (Neighborhood Health Plan)



**Limited Network Plan** ★ ★ ★

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to most network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

NHP Care is available throughout the following Massachusetts counties:

Barnstable, Bristol, Dukes, Essex, Hampden, Middlesex, Nantucket, Norfolk, Suffolk, Worcester

NHP Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### NHP Care

1.800.462.5449

[www.nhp.org](http://www.nhp.org)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

## Copays Effective July 1, 2011

**Primary Care Physician Office Visit:** *Neighborhood Health Plan tiers network Primary Care Physicians based on quality and/or cost efficiency:*

- ★ ★ ★ Tier 1 (excellent): \$15 per visit
- ★ ★ Tier 2 (good): \$25 per visit
- ★ Tier 3 (standard): \$30 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Neighborhood Health Plan tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists*

- ★ ★ ★ Tier 1 (excellent): \$25 per visit
- ★ ★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$25 per visit

**Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year):*  
\$250 per admission

**Outpatient Surgery** *(maximum four copays annually per person):*  
\$110 per occurrence

**High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):* \$100 per scan

### Emergency Room:

\$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110



## TUFTS HEALTH PLAN NAVIGATOR

Tufts Health Plan Navigator is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Navigator is available throughout Massachusetts.

The Plan is also available in the following other state:  
Rhode Island

Tufts Health Plan Navigator has a narrow network in the following states; contact the plan to see which doctors and hospitals participate in the plan:

Connecticut, New Hampshire, New York, Vermont

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: Tufts Health Plan

1.800.870.9488

[www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

## In-Network Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.*

★ ★ ★ Tier 1 (excellent): \$25 per visit

★ ★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

### Out-of-State Specialist Office Visit:

\$35 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance

**Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):

\$20 per visit

UBH also offers EAP services.

**Inpatient Hospital Care – Medical** (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)

Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:

Tier 1: \$300 per admission

Tier 2: \$700 per admission

**Outpatient Surgery** (maximum four copays per person per calendar year): \$150 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

### Emergency Room:

\$100 per visit (waived if admitted)

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## TUFTS HEALTH PLAN SPIRIT



Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that does not require members to select a Primary Care Physician (PCP). With an EPO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan are administered by United Behavioral Health (UBH).

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Spirit is available throughout the following Massachusetts counties:

Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Tufts Health Plan Spirit has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Berkshire, Hampshire

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: Tufts Health Plan

1.800.870.9488

[www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

## Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.*

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

### Retail Clinic:

\$20 per visit

**Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):

\$20 per visit

UBH also offers EAP services.

**Inpatient Hospital Care – Medical** (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:

Tier 1: \$300 per admission

Tier 2: \$700 per admission

**Outpatient Surgery** (maximum four copays per person per calendar year):

\$150 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

### Emergency Room:

\$100 per visit (waived if admitted)

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# Employee and Non-Medicare Retiree/Survivor Health Plans

## UNICARE STATE INDEMNITY PLAN/BASIC

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

### Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

### Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestatelineplan.com](http://www.unicarestatelineplan.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

### Copays with CIC (Comprehensive) Effective July 1, 2011

*Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.*

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

#### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Specialist Office Visit

- ★★★ Tier 1 (excellent): \$20 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$40 per visit

#### Out-of-State Primary Care Physician and Specialist Office Visit:

\$30 per visit

#### Retail Clinic:

\$20 per visit

#### Network Outpatient Mental Health and Substance Abuse Care

(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care – Medical** (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$200 per admission

**Outpatient Surgery** (maximum one copay per person per calendar year quarter): \$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

## UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE



The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network based at community and some tertiary hospitals. Or, you may seek care from an out-of-network hospital for 80% coverage of the allowed amount for inpatient care and outpatient surgery, after you pay a copay. The plan offers access to all Massachusetts physicians and members are not required to select a Primary Care Physician (PCP). Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The UniCare State Indemnity Plan/Community Choice is available throughout the following Massachusetts counties:

Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

*Contact the plan to find out if your hospital is in the network.*

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestateplan.com](http://www.unicarestateplan.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

### In-Network Copays Effective July 1, 2011

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

#### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Specialist Office Visit

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$45 per visit

#### Retail Clinic:

\$20 per visit

#### Outpatient Mental Health and Substance

**Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):

\$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care – Medical** (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$250 per admission

**Outpatient Surgery** (maximum one copay per person per calendar year quarter): \$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

**Out-of-network benefits will change** effective July 1, 2011 (see page 5 for details). The GIC recommends that if you or a covered dependent uses non-Community Choice hospitals, you consider using another hospital provider or switching to another plan.

# Employee and Non-Medicare Retiree/Survivor Health Plans

## UNICARE STATE INDEMNITY PLAN/PLUS

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals and out-of-state UniCare providers at 100% coverage, after a copayment. Out-of-state non-UniCare providers have 80% coverage of allowed charges after you pay a deductible.

Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:  
Maine, New Hampshire, Rhode Island

The UniCare State Indemnity Plan/PLUS has a narrow network in the following state; contact the plan to find out which doctors and hospital participate in the plan:  
Connecticut

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestatelineplan.com](http://www.unicarestatelineplan.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039  
[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 8 for details.

### In-Network Copays Effective July 1, 2011

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

#### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

**Preventive Services:** Covered at 100% – no copay

#### Specialist Office Visit:

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$45 per visit

**Out-of-State Primary Care Physician and Specialist Office Visit:** \$30 per visit

**Retail Clinic:** \$20 per visit

#### Outpatient Mental Health and Substance

**Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):  
\$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care - Medical:** UniCare tiers hospitals based on quality and/or cost (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

- Tier 1: \$250 per admission
- Tier 2: \$500 per admission
- Tier 3: \$750 per admission

**Outpatient Surgery:** UniCare's outpatient surgery copay is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery copay. (maximum one copay per person per calendar year quarter)

- Tier 1 and Tier 2: \$110 per occurrence
- Tier 3: \$250 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110



## FALLON SENIOR PLAN

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2012.

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Fallon Senior Plan is available throughout the following Massachusetts counties:

Hampden, Worcester

Fallon Senior Plan has a narrow network of providers in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Essex, Franklin, Hampshire, Middlesex, Norfolk

Fallon Senior Plan has a narrow network of providers in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut, New Hampshire, Rhode Island

### Monthly Rates as of January 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Fallon Senior Plan

1.866.344.4442

[www.fchp.org/gic](http://www.fchp.org/gic)

### Copays Effective January 1, 2011

#### Physician Office Visit:

\$10 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Outpatient Mental Health and Substance Abuse Care:

\$10 per visit

#### Inpatient Hospital Care:

Covered at 100% – no copay

#### Inpatient and Outpatient Surgery:

Covered at 100% – no copay

#### Emergency Room:

\$50 per visit (*waived if admitted*)

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## HARVARD PILGRIM MEDICARE ENHANCE

Harvard Pilgrim Medicare Enhance is a supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

### Eligibility

Retirees, Survivors, and their dependents with Medicare Part A and Medicare Part B are eligible regardless of where they live in the United States.

### Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information

**Harvard Pilgrim Medicare Enhance**

1.800.542.1499

[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

### Copays Effective July 1, 2011

#### Physician Office Visit:

\$10 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Retail Clinic:

\$10 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$10 per visit

#### Inpatient Hospital Care:

Covered at 100% – no copay

#### Inpatient and Outpatient Surgery:

Covered at 100% – no copay within Massachusetts; contact the plan for out-of-state details.

#### Emergency Room:

\$50 per visit (*waived if admitted*)

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## HEALTH NEW ENGLAND MEDPLUS

Health New England MedPlus is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Health New England MedPlus is available throughout the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England MedPlus has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Worcester

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Health New England MedPlus**  
1.800.842.4464  
[www.hne.com](http://www.hne.com)

### Copays Effective July 1, 2011

**Physician Office Visit:**

\$10 per visit

**Preventive Services:**

Covered at 100% – no copay

**Retail Clinic:**

\$10 per visit

**Outpatient Mental Health and Substance Abuse Care:**

\$10 per visit

**Inpatient Hospital Care:**

Covered at 100% – no copay

**Inpatient and Outpatient Surgery:**

Covered at 100% – no copay

**Emergency Room:**

\$50 per visit (*waived if admitted*)

**Prescription Drug****Retail up to  
30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to  
90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

## TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Medicare Complement is available throughout Massachusetts.

The plan is also available in the following other state:  
Rhode Island

Tufts Health Plan Medicare Complement has a narrow network in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut, New Hampshire, New York, Vermont

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Tufts Health Plan Medicare Complement**

1.888.333.0880

[www.tuftshealthplan.com](http://www.tuftshealthplan.com)

### Copays Effective July 1, 2011

#### Physician Office Visit:

\$10 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Retail Clinic:

\$10 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$10 per visit

#### Inpatient Hospital Care:

Covered at 100% – no copay

#### Inpatient and Outpatient Surgery:

Covered at 100% – no copay

#### Emergency Room:

\$50 per visit (*waived if admitted*)

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## TUFTS HEALTH PLAN MEDICARE PREFERRED

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2012.

### Eligibility

Retirees, Survivors, and their dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Medicare Preferred is available throughout the following Massachusetts counties:

Barnstable, Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, Worcester

Tufts Health Plan Medicare Preferred has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Bristol, Plymouth

### Monthly Rates as of January 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Tufts Health Plan Medicare Preferred**

1.888.333.0880

[www.tuftshealthplan.com](http://www.tuftshealthplan.com)

### Copays Effective January 1, 2011

#### Physician Office Visit:

\$10 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Outpatient Mental Health and Substance Abuse Care:

\$10 per visit

#### Inpatient Hospital Care:

Covered at 100% – no copay

#### Inpatient and Outpatient Surgery:

Covered at 100% – no copay

#### Emergency Room:

\$50 per visit (*waived if admitted*)

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## UNICARE STATE INDEMNITY PLAN/MEDICARE EXTENSION (OME)

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States and outside of the country. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live.

### Service Area

The UniCare State Indemnity Plan/Medicare Extension (OME) is available throughout the United States and outside of the country.

### Monthly Rates as of July 1, 2011

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional benefit information.

#### Medical Benefits:

##### UniCare

1.800.442.9300

[www.unicarestatplan.com](http://www.unicarestatplan.com)

#### Mental Health, Substance Abuse and EAP Benefits:

##### United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits:

##### CVS Caremark

1.877.876.7214

[www.caremark.com/gic](http://www.caremark.com/gic)

### Copays with CIC (Comprehensive) Effective July 1, 2011

*(Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.)*

#### Physician Office Visit:

None after \$35 calendar year deductible

#### Preventive Services:

Covered at 100% – no copay

#### Retail Clinic:

None after \$35 calendar year deductible

**Network Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):*

First four visits: none

Visits 5 and over: \$10 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care** *(maximum one copay per person per calendar year quarter):*  
\$50 per admission

#### Inpatient and Outpatient Surgery:

Covered at 100% within Massachusetts – no copay; call the plan for out-of-state details

#### Emergency Room:

\$25 per visit *(waived if admitted)*

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

### Attend a Health Fair

Municipal members who are thinking about changing health plans or have other health plan questions can attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options

**See page 31 for the schedule.**

### Inscripción Anual

La inscripción anual tendrá lugar a partir del 8 de abril hasta el 9 de mayo del 2011. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de julio del 2011. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan español que le ayudarán.

### 年度登記

年度登記在2011年4月8日開始，於5月9日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2011年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。



### Our Website Provides Additional Helpful Information

[www.mass.gov/gic](http://www.mass.gov/gic)

#### See our website for:

- Benefit Decision Guide content in HTML and XML-accessible formats
- Information about and links to all GIC plans – conveniently search for participating health plan doctors and hospitals online
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Answers to frequently asked questions
- GIC publications – including the *Benefits At-a-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Tufts Health Plan Navigator and Spirit members
- Health articles and links to help you take charge of your health

### Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 8 tháng Tư và chấm dứt vào ngày 9 tháng Năm, 2011. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2011. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.



## APRIL 2011

**12 TUESDAY 11-2**

**Berkshire Community College**  
Paterson Field House  
1350 West Street  
PITTSFIELD

**13 WEDNESDAY 10-3**

**State Transportation Building**  
10 Park Plaza, 2nd Floor  
Conference Rooms 1, 2, 3  
BOSTON

**14 THURSDAY 11-3**

**Wrentham Developmental Center**  
Graves Auditorium  
Littlefield Street  
WRENTHAM

**15 FRIDAY 10-3**

**Middlesex Community College**  
Cafeteria  
591 Springs Road  
BEDFORD

**16 SATURDAY 10-2**

**Boston Teachers' Union Hall**  
180 Mt. Vernon Street (off of Day Boulevard)  
DORCHESTER

**19 TUESDAY 11-3**

**Northern Essex Community College**  
The Technology Center  
Rooms 103 A & B  
100 Elliott Street  
HAVERHILL

**20 WEDNESDAY 10-3**

**McCormack State Office Building**  
One Ashburton Place, 21st Floor  
BOSTON

**22 FRIDAY 10-2**

**Quinsigamond Community College**  
Library/Learning Center, Room 109  
670 West Boylston Street  
WORCESTER

**25 MONDAY 10-2**

**U-Mass Amherst**  
Student Union Ballroom  
AMHERST

**26 TUESDAY 10-3**

**Hampden County Sheriff's Department**  
Hampden County Correctional Center  
627 Randall Road  
LUDLOW

**27 WEDNESDAY 11-3**

**Massasoit Community College**  
Conference Center  
770 Crescent Street  
BROCKTON

**30 SATURDAY 10-2**

**Mass Maritime Academy**  
Bresnahan Building  
Academy Drive  
BUZZARDS BAY

## MAY 2011

**2 MONDAY 10-2**

**Bristol Community College**  
Commonwealth College Center  
Atrium Area  
777 Elsbree Street  
FALL RIVER

**3 TUESDAY 10-3**

**State Transportation Building**  
10 Park Plaza, 2nd Floor  
Conference Rooms 1, 2, 3  
BOSTON

### "No-Frills" Health Fairs

*As all active state employees will be required to re-enroll in health insurance, large crowds are expected at this year's fairs. Therefore, this year, the GIC will be holding no-frills fairs: no wellness exhibits, health screenings or refreshments.*

## For More Information, Contact the Plans

For more information about specific plan benefits, call a plan representative.  
Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
<b>Fallon Community Health Plan</b> Direct Care Select Care Senior Plan	1.866.344.4442	<a href="http://www.fchp.org/gic">www.fchp.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan Primary Choice Plan Medicare Enhance	1.800.542.1499	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a> <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
<b>Health New England</b> HMO MedPlus	1.800.842.4464	<a href="http://www.hne.com">www.hne.com</a>
<b>Neighborhood Health Plan</b> NHP Care	1.800.462.5449	<a href="http://www.nhp.org">www.nhp.org</a>
<b>Tufts Health Plan</b> Navigator Spirit	1.800.870.9488	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>
■ Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
Medicare Complement Medicare Preferred	1.888.333.0880	<a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>
<b>UniCare State Indemnity Plan/</b> Basic Community Choice Medicare Extension (OME) PLUS	1.800.442.9300	<a href="http://www.unicarestateplan.com">www.unicarestateplan.com</a>
<i>For all UniCare Plans</i>		
■ Prescription Drugs (CVS Caremark)	1.877.876.7214	<a href="http://www.caremark.com/gic">www.caremark.com/gic</a>
■ Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)

ADDITIONAL RESOURCES		
<b>Employee Assistance Program for Managers and Supervisors</b> ( <i>United Behavioral Health</i> )	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
<b>Internal Revenue Service (IRS)</b>	1.800.829.1040	<a href="http://www.irs.gov">www.irs.gov</a>
<b>Massachusetts Teachers' Retirement System</b>	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	<a href="http://www.mass.gov/mtrs">www.mass.gov/mtrs</a>
<b>Medicare</b>	1.800.633.4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Social Security Administration</b>	1.800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>

### OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583

Or, contact your GIC Benefits Coordinator. (See separate rate sheet for phone number)

[www.mass.gov/gic](http://www.mass.gov/gic)

**CIC (Catastrophic Illness Coverage)** – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. Enrollees without CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic and Medicare Extension Plan members select CIC.

**COBRA (Consolidated Omnibus Budget Reconciliation Act)** – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

**CPI (Clinical Performance Improvement Initiative)** – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency information to develop tiered networks are designated as Select & Save plans.

**Deductible** – a set dollar amount which must be satisfied within a calendar year before the health plan begins making payments on claims.

**Deferred Retirement** – allows you to continue your group health insurance after you leave municipality service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

**EAP (Enrollee Assistance Program)** – mental health services that include help for depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services for legal, financial, family mediation, and elder care assistance.

**EPO (Exclusive Provider Organization)** – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. EPOs do not offer out-of-network benefits, with the exception of emergency care. EPOs do not require the selection of a Primary Care Physician (PCP).

**GIC (Group Insurance Commission)** – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in certain cities and towns.

**HMO (Health Maintenance Organization)** – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits, with the exception of emergency care. An HMO requires the selection of a Primary Care Physician (PCP).

**Networks** – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

**PCP (Primary Care Physician)** – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

**PPO (Preferred Provider Organization)** – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician (PCP).

**39-Week Layoff Coverage** – allows laid-off insureds to continue their group health insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.



**Commonwealth of Massachusetts  
Group Insurance Commission**

P.O. Box 8747  
Boston, MA 02114-8747

## Commonwealth of Massachusetts

**Deval L. Patrick, Governor**

**Timothy P. Murray, Lieutenant Governor**

**Group Insurance Commission**

**Dolores L. Mitchell, Executive Director**  
19 Staniford Street, 4th Floor  
Boston, Massachusetts

**Telephone** 617.727.2310

**TDD/TTY:** 617.227.8583

**MAILING ADDRESS**

Group Insurance Commission  
P.O. Box 8747  
Boston, MA 02114-8747

**COMMISSIONERS**

**Thomas A. Shields, Chair**

**Richard E. Waring, Vice Chair (NAGE)**

**Suzanne Bailey, Designee (for Joseph G. Murphy,  
Commissioner, Division of Insurance)**

**Harris A. Berman, M.D.**

**Theron R. Bradley**

**Stephen B. Chandler (Local 5000, S.E.I.U., NAGE)**

**David M. Cutler (Health Economist)**

**Kevin Drake (Council 93, AFSCME, AFL-CIO)**

**J. Mark Enriquez**

**Mark P. Kritzman**

**Katie Luddy, Designee (for Jay Gonzalez,  
Secretary of Administration and Finance)**

**Anne M. Paulsen (Retiree Member)**

**Laurel Sweeney**

**Paul F. Toner (Massachusetts Teachers Association)**

**Website: [www.mass.gov/gic](http://www.mass.gov/gic)**